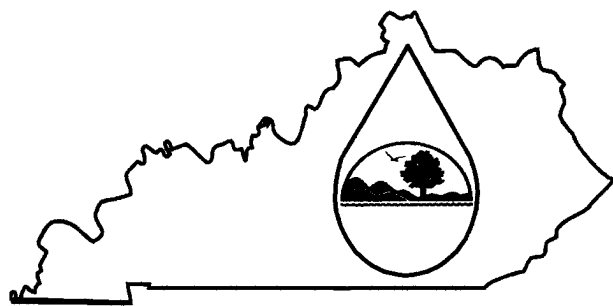


KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

Rad
9/30/08

PERMIT APPLICATION



This is an application to: (check one)

- ☒ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

OK 200

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	1	0	7	5	8	1
A. Name of Business, Municipality, Company, Etc. Requesting Permit Mini Mix of Louisville, Inc.									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Mini Mix of Louisville, Inc.					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Tim Henninger				
Facility Location Address (i.e. street, road, etc., not P.O. Box): 5702 Campground Road					Mailing Address: 5702 Campground Road				
Facility Location City, State, Zip Code: Louisville, KY 40216					Mailing City, State, Zip Code: Louisville, KY 40216				
D. Owner's name (if not the same as in part A and C):					Facility Contact Telephone Number: 502-817-0996				
Owner's Mailing Address:					Owner's Telephone Number (if different):				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Ready Mix Concrete

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

3273 Ready Mix Concrete

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Jefferson

City where facility is located (if applicable):

Louisville

C. Body of water receiving discharge:

Road side ditch via 100' of pervious ground

D. Facility Site Latitude (degrees, minutes, seconds):

38/11/52

Facility Site Longitude (degrees, minutes, seconds):

85/51/44

E. Method used to obtain latitude & longitude (see instructions):

USGS Topographic map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

96-190-0552

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Tim Henninger

Telephone Number:

502-817-0996

Operator Mailing Address (Street):

5702 Campground Road

Operator Mailing Address (City, State, Zip Code):

Louisville, KY 40216

Is the operator also the owner?

Yes ☒ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☒

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

N/A

Issue Date of Current Permit:

N/A

Expiration Date of Current Permit:

N/A

Number of Times Permit Reissued:

N/A

Date of Original Permit Issuance:

N/A

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	160-07-C 161-07-C	
Solid or Special Waste	Septic Tank S07-61316	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Same
DMR Official Telephone Number:	Same

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Same
DMR Mailing Address:	Same
DMR Mailing City, State, Zip Code:	Same

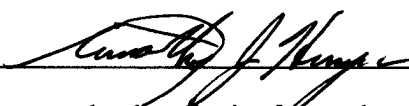
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

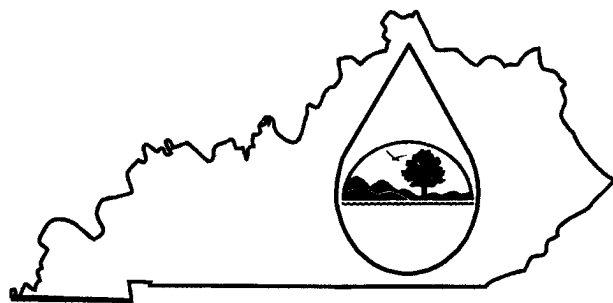
Facility Fee Category: Small Non-POTW NPIND ✓	Filing Fee Enclosed: \$200.00
--	----------------------------------

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Timothy Henninger	TELEPHONE NUMBER (area code and number): 502-817-0996
SIGNATURE 	DATE: 9/28/2008

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Mini Mix of Louisville, Inc.											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	1	0	7	5	8	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week? 7				Intermittent Rain Water/ Average rainfall 42.80"							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Per Jefferson County Metropolitan Sewer District--See attached sheet											
B. If new discharger, indicate anticipated discharge date:				12-08							
C. Indicate the design capacity of the treatment system:				MGD .0011 See Attached							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	38	11	52	85	51	44	Road side ditch via 100' of Pervious ground
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographic map coordinates			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Truck wash out	Intermittent Rainfall	Re-use water	4-E
	Truck wash out	Intermittent Rainfall	Sedimentation	I-U
	Truck wash out	Intermittent Rainfall	Evaporation	I-F
	Truck wash out	Intermittent Rainfall	Discharge thru 100' pervious ground to roadside ditch	4-A
2	Septic tank/lateral field	1000/gal tank 200 ft lateral	Evaporation	I-F

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☒ Other (list): Storm water

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☒ Surface injection (Check term and identify on map) ☒ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	1	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	---	--

Check when bypass occurs:	<input checked="" type="checkbox"/> Wet Weather	<input checked="" type="checkbox"/> Dry Weather
Give the number of bypass incidents	Intermittent Rainfall per year	0 per year
Give average duration of bypass	Intermittent Rainfall hours	0 hours
Give average volume per incident	Intermittent Rainfall 1,000 gallons	0 1,000 gallons
Give reason why bypass occurs:	Rainfall	

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input checked="" type="checkbox"/> Wet Weather	<input checked="" type="checkbox"/> Dry Weather
Give the number of overflow incidents:	Intermittent Rainfall per year	0 per year
Give average duration of overflow:	Intermittent Rainfall hours	0 hours
Give average volume per incident:	Intermittent Rainfall 1,000 gallons	0 1,000 gallons

C. Number of seasonal discharge points	1
Give the number of times discharge occurs per year	Intermittent Rainfall
Give the average volume per discharge occurrence	Intermittent Rainfall (1,000 gallons)
Give the average duration of each discharge	Intermittent Rainfall (days)
List month(s) when the discharge occurs	Intermittent Rainfall

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
100' Pervious Ground	PH
TOTAL POPULATION SERVED	1

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A

XII. EFFLUENT CHARACTERISTICS

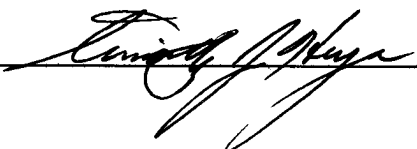
A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH	Intermittent Rainfall	Intermittent Rainfall	Per Requirement of DOW
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow: Intermittent Rainfall

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Timothy J. Henninger	502-817-0996
SIGNATURE	DATE
	9/28/2008

Sedimentation Basins Total Volume = 1080 cubic ft = 8078 gallons

Annual Rainfall = 42.80"

Concrete Area Feeding Basins 15,584 sq. ft.

Max. Avg. Daily Discharge

15,584 sq. ft. x 42.80" rainfall/12 x 7.48 gallons per cubic ft. = .001139 million gallons per day

This does not include absorption and evaporation.

Timothy Henninger

THE APPROVED EROSION PREVENTION AND SEDIMENT CONTROL (EPPSC) PLAN SHALL BE IMPLEMENTED PRIOR TO ANY LAND-DISTURBING ACTIVITY ON THE CONSTRUCTION SITE. ANY MODIFICATION TO THE APPROVED EPPSC PLAN MUST BE REVIEWED AND APPROVED BY ASD'S PRIVATE DEVELOPMENT REVIEW OFFICE. EPPSC PLAN'S (BEST MANAGEMENT PRACTICES) SHALL BE INSTALLED PER THE PLAN AND ASD STANDARDS.

SEDIMENT BASINS DURING THE CONSTRUCTION UNTIL THE CONTRIBUTING DRAINAGE AREAS ARE SEEDDED AND STABILIZED.

ACTIONS MUST BE TAKEN TO MINIMIZE THE THREATS OF LAND AND SOIL FROM CONSTRUCTION AND/OR PUBLIC ROADWAYS. SOIL TRAPPED ONTO THE ROADWAY SHALL BE REMOVED DAILY.

SOIL STOCKPILES SHALL BE LOCATED AWAY FROM STREAMS, POND, SWALES, AND DITCH BASINS. STOCKPILES SHALL BE SEED, MULCHED, AND ABSOLUTELY COVERED THROUGH THE USE OF MATS, GEOTEXTILE, AND/OR GEOTEXTILE.

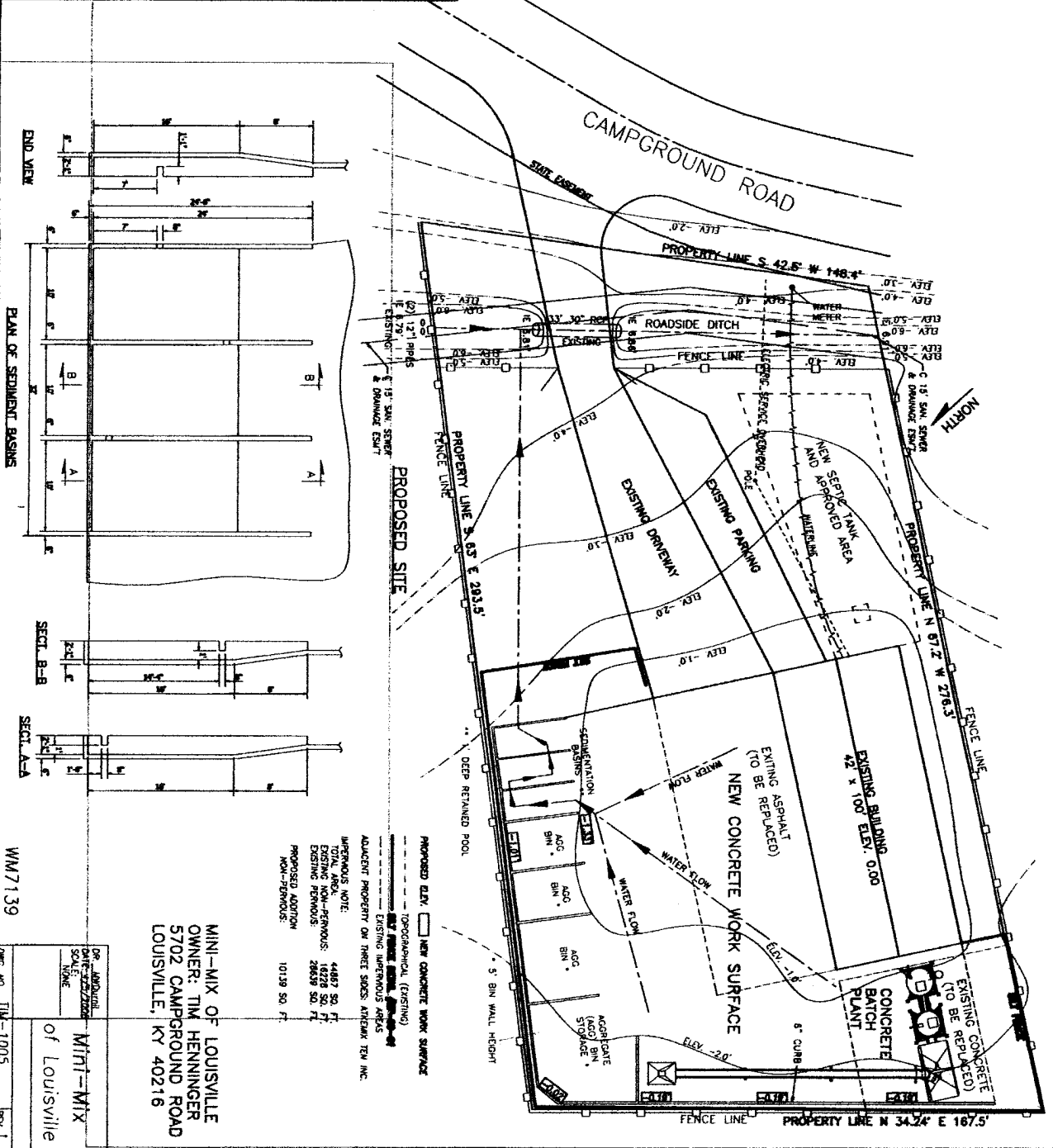
ALL STRUCTURES MUST UTILIZE LOW-ENTER CROSSING STRUCTURES PER MSD STANDARD DRAINAGE CR-02.

EXPOSITION ACTIVITIES SHALL BE PLACED TO A BEDMINT TRAPPING DEVICE PRIOR TO BEING
DISCHARGED INTO A STREAM, POND, SWALE, OR CANYON BASIN.

PORTION OF A SITE, TEMPORARY SITE STABILIZATION MEASURES SHALL BE RECOMMENDED AS SOON AS PRACTICAL, BUT NO LATER THAN 14 DAYS AFTER THE ACTIVITY HAS CEASED.

ON THE PLANS IN THE TECHNICAL SPECIFICATIONS AND SPECIAL PROVISIONS.

THE CONTRACTOR OF SUBCONTRACTOR SHALL NOTIFY THE DUTY PROTECTION CENTER BELL'S (TOLL FREE PHONE NO. 1-800-753-6001) NIGHT-GUARD AT 48 HOURS IN ADVANCE OF ANY CONTRIBUTION ON THIS PROJECT. THE NUMBER WAS ESTABLISHED TO PROVIDE ACCURATE LOCATIONS OF EXISTING BELOW GROUND UTILITIES (I.E. CABLES, DISTRICTS, GAS AND WATER LINES). THE CONTRACTOR SHALL BE RESPONSIBLE AS SET FORTH



3.

Mini-Mix
of Louisville

MINI-MIX OF LOUISVILLE
OWNER: TIM HENNINGER
5702 CAMPGROUND ROAD
LOUISVILLE, KY 40216

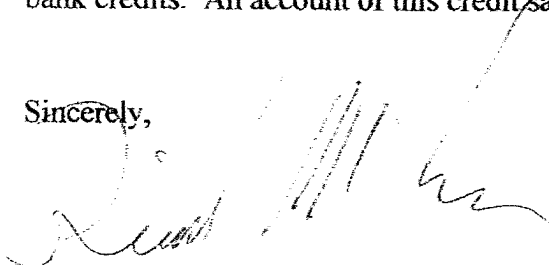
May 14, 2008

Carolyn Fust
Metropolitan Sewer District
700 West Liberty Street
Louisville, Kentucky 40203-1913

Dear Ms. Fust:

Water Resources based on MSD approval, has provided **0.038 acre-feet of runoff mitigation to Mini Mix (WM# 7139)**. The **0.038 acre-feet** have been debited against the bank credits. An account of this credit sale is found in the attachment.

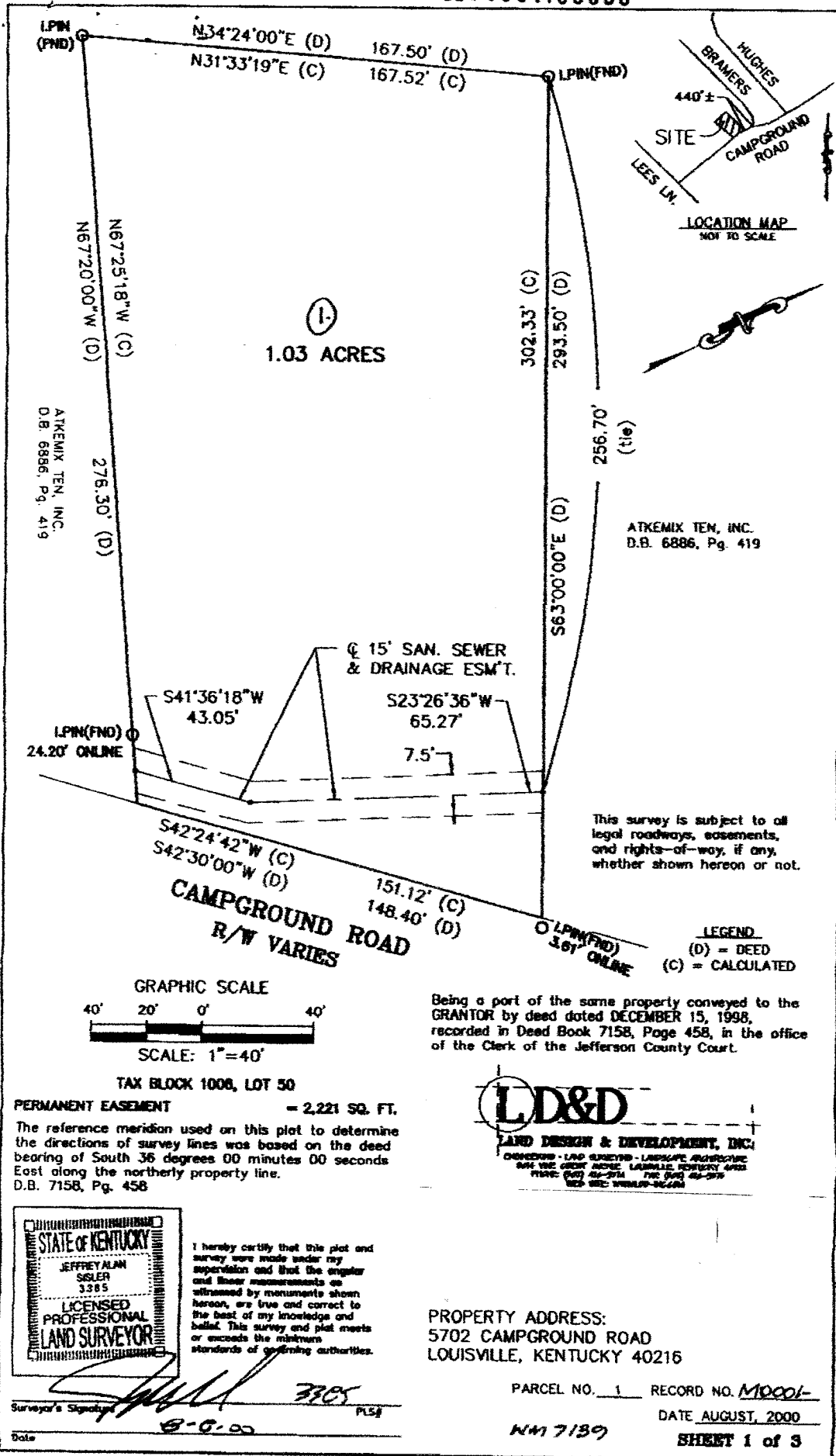
Sincerely,

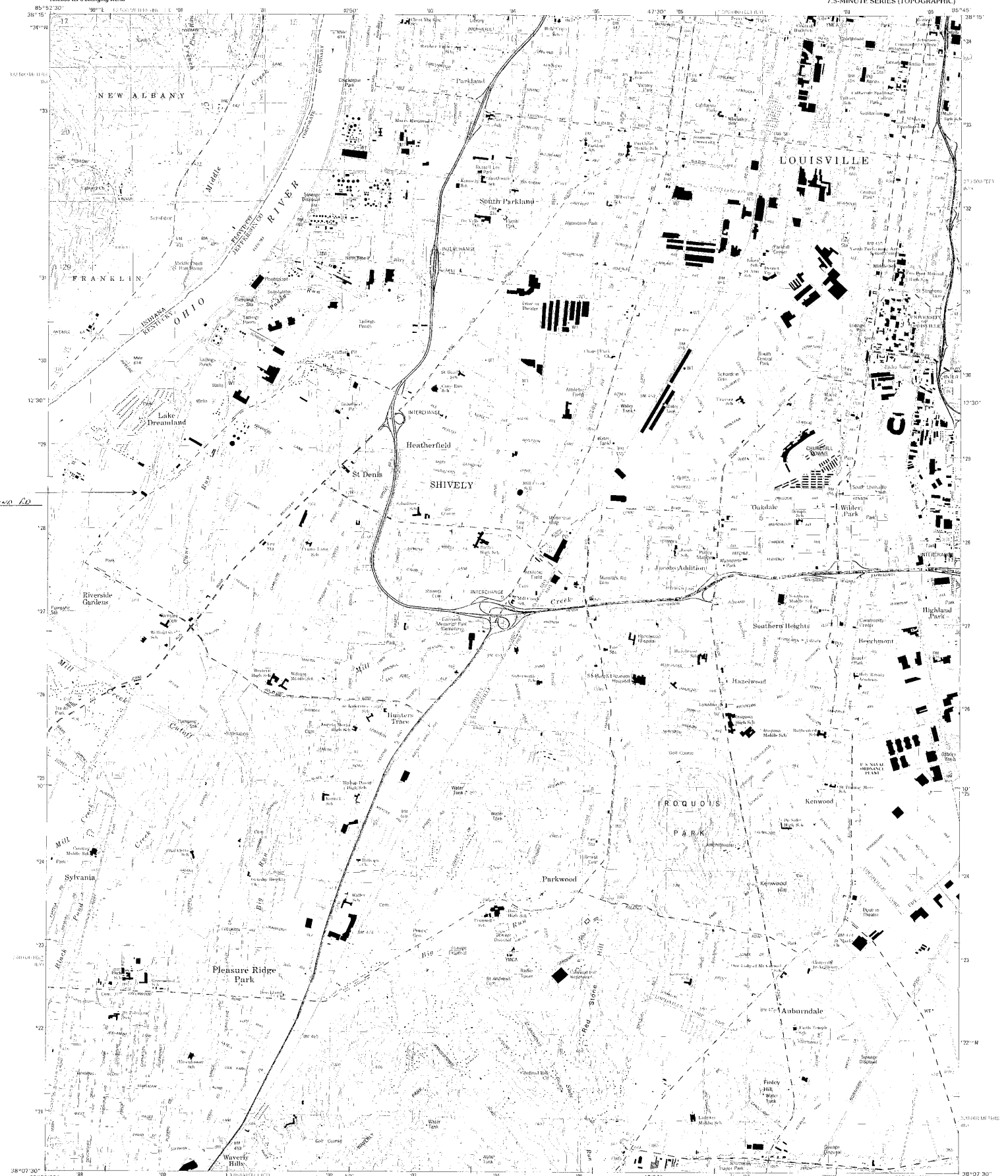


Richard McLean, Ph.D.
Principal

Attachment

cc: Carolyn Fust, MSD
Tim Hiniger, Mini Mix w/o attch.





Produced by the United States Geological Survey
Topographic compilation 1978. Placenames derived from sources taken 1968 and other sources. Survey control current as of 1979.
North American Datum of 1983 (NAD 83). Projection and datum: Universal Transverse Mercator, zone 16 10 000 foot ticks; Kentucky Coordinate System of 1982 (from corner). 2 500 meter ticks; Indiana Coordinate System of 1983 (east zone).
North American Datum of 1927 (NAD 27) is shown by dashed corner ticks. The values of the shift between NAD 83 and NAD 27 for 7.5-minute intersections are obtainable from National Geographic Survey NADCON software.
There may be private inholdings within the boundaries of the National or State reservations shown on this map.
Landmark buildings verified 1979.

UTM GRID AND GRID MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

SCALE 1:24 000
CONTOUR INTERVAL 10 FEET
SUPPLEMENTARY CONTOUR INTERVAL 1 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
THIS MAP COMPLETES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, P.O. BOX 2508, FORT COCKER, COLORADO 80225
KENTUCKY GEOLOGICAL SURVEY, LEXINGTON, KENTUCKY 40506
KENTUCKY DEPARTMENT OF COMMERCE, FRANKFORT, KENTUCKY 40601
AND INDIANA DEPARTMENT OF NATURAL RESOURCES, INDIANAPOLIS, INDIANA 46204
A COMPLETE LISTING OF TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON CD-ROM

QUADRANGLE LOCATION

1 2 3
4 5
6 7 8

Primary: highway
hard surface
Secondary: highway
hard surface
Unimproved road
Light-duty road, hard on
topsoil surface
Intermittent Stream
U.S. Route
State Route

LOUISVILLE WEST, KY-IN
1998

NIMA 2000 BY RE-SERIES VRS

